Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:							
This declaration is directed to:							
	The attached application, or						
	Application No, filed on,						
	as amended on(if applicable);						
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;							
I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;							
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and							
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.							
FULL NAME OF	INVENTOR(S)						
Inventor one:	Allan H. Hansen						
Signature:	Citizen of: _Denmark						
Inventor two:							
Signature:	Citizen of:						
Inventor three:							
Signature:	Citizen of:						
Inventor four:							
Signature:	Citizen of:						
Additional invol	notors are being named on additional form(s) attached hereto.						

Additional inventors are being named on additional form(s) attached hereto.

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

	_	~ .	 	 	

The state of the s

Please type a plus sign (+) inside this box —

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	August 31, 2001
First Named Inventor	HANSEN
Title	VEHICLE WHEEL BALANCER
Group Art Unit	
Examiner Name	
Attorney Docket Number	2814/1

I hereby appoi	nt:	<del>_</del>	<del></del> <del></del>			Pisas Ciptoria	$\neg$	
	iers at C	Sustomer Number	23638		Pato	Plane Gistomer Number Bar Code	ine	
OR Practition	er(s) na	med below:		, water or	i atel	Labernera a K OII	inde	
Practitioner(s) named below:  Name					Registration Number			
				1				
<u> </u>				-				
-								
L							1	
			cute the application in Trademark Office co					
		<del></del>	s for the above-ide					
		ed Customer Numb			F 1-11-041011			
OR  Place Customer Number Bar Code								
Practitioners at Customer Number  OR  Number Bar Code  Label here								
Firm or Individual Na	me	Jeffrey J. S	Schwartz					
Address		2180 Two Fir	rst Union Cent	ter				
Address		301 S. Tryon	n Street		NG	T 120200		
Country		Charlotte US	<del></del>	State	NC	Zip   28282		
Country Telephone		704-375-9249	<del></del>	Fax	704-37	5-0729		
I am the:			<del> </del>	· un		<del></del>		
X Applicant	t/Invento	or.						
Assigned	of reco	rd of the entire inte	erest. See 37 CFR 3	3.71				
			enclosed. (Form P		(96).			
		SIGNATURE of	f Applicant or Assig	nee of	Record			
Name	Ą	llan H. Hanse	en					
Signature								
Date	ı		· · · · · · · · · · · · · · · · · · ·					
				t or thei	r representati	ve(s) are required. Submit	multiple	
forms if more than one s		is required, see below*.  ms are submitted.						
urden Hour Statement: This f			complete. Time will you do	pending :	non the needs	of the individual case. Any con	nmonte or	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.